

The use of Activon® Tulle on an extravasational wound on a neonate

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Introduction

This case involves a 32 week old pre-term male neonate that sustained an extravasational wound. Signs of oedema were present following an infusion of Electrolyte solution via a peripheral cannula infiltrated.

A dressing regime of Duoderm, Mepilex Border and Activon® Tulle was applied over a six week period. This was an extremely distressing time for the parents who were wholly engaged with the treatment plan from the outset.

Method

Following a review on the 02/12/14 it was noted that necroses had occurred. Duoderm was left in situ until 04/12/14 when the wound was reviewed and Duoderm was removed from the dressing regime. High exudate levels were now present

from the wound which was now necrotic, dry, unstageable and measured 2.8cm x 2cm. The surrounding skin and knuckles had become excoriated. Hydrogel and Mepilex Border Lite were now applied to rehydrate the wound.

After 4 days the dressing was removed and the wound measured 2.1cm x 1.6cm. The knuckles had healed but the wound remained necrotic. Exudate levels had decreased so Duoderm Extra Thin was applied to debride the wound. On the 14/12/14 Duoderm Extra Thin was removed. Again black eschar was evident in the centre of the wound, with surrounding tissue healthy and granulating.

The wound was now 2cm x 1cm and Activon® Tulle was applied to debride the wound using Mepilex Border Lite as a secondary dressing. The Activon® Tulle was re-applied on 15/12/14

and necrosis was removed by 16/12/14, after just two days use. Slough was evident in the wound bed; Activon® Tulle was re-applied regularly until the 27/12/14, the wound measured 1.5cm x 1cm.

A dressing regime of Duoderm Extra Thin was applied until 19/01/15, complete wound healing had occurred.

Results

After successive attempts to debride the wound with Duoderm and Hydrogels, Activon® Tulle was initiated, which caused noticeable improvement to the wound. Rapid removal of necrosis and sloughy tissue was observed with the wound margins reduced further. Granulation tissue was evident and the wound fully healed within 4 weeks after treatment with Activon® Tulle dressings being commenced allowing wound bed preparation.

Conclusions

The consistency and continuity of dressing changes combined with the unique healing outcomes Manuka honey offers, resulted in a very positive outcome for the patient. I found the honey dressings easy to apply and improved the patient's outcome to the delight of his parents.

Activon® Tulle dressings accelerated the autolytic debridement process allowing wound healing to occur in this extravasational wound. They were well tolerated and cost-effective.



8th December 2014



14th December 2014



16th December 2014



20th December 2014



27th December 2014



27th January 2015